

Doula Client Intake Form

Today's Date _____

PERSONAL INFORMATION

Client's Name : _____

Partner's Name: _____

Date of Birth : ____/____/____ Estimated Due Date or Baby's Date of Birth : ____/____/____

Address : _____

Cell Phone : _____ E-Mail: _____

Partner's Phone : _____ E-Mail: _____

Status : ☐ Single ☐ Married ☐ Divorced ☐ Other

Occupation : _____

Are you or your partner taking time off from work?

Mother ☐ Yes If yes, how long? _____
☐ No

Partner ☐ Yes If yes, how long? _____
☐ No

EMERGENCY CONTACT

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

HEALTHCARE PROVIDER INFORMATION

Type of Provider: ☐ Midwife ☐ Doctor ☐ Other (please specify) _____

Primary Provider: _____

Address : _____

Phone Number : _____

Location where you delivered or plan to deliver ☐ Home ☐ Hospital ☐ Birth Center ☐ Other

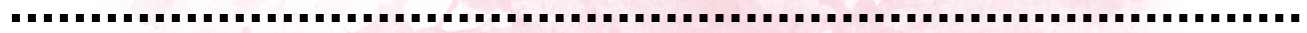
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PEDIATRICIAN INFORMATION

Pediatrician's Name : _____

Address : _____

Phone Number : _____



GENERAL HOUSEHOLD INFORMATION

Are there any known allergies in your family? : _____

Do you have pets in the home? If yes, what kind? : _____

Are you planning to breast or bottle feed? : ☐ Breast ☐ Bottle ☐ Both ☐ Undecided

Does anyone in the house smoke (if yes, please list) : ☐ Yes ☐ No If yes, who? _____

Are there any parenting techniques you plan to use or have questions about? :

What are your primary goals for having a postpartum doula? :

How did you hear about our services? : ☐ Referral ☐ Google ☐ Podcast ☐ Event ☐ Other

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GENERAL HEALTH INFORMATION

Do you have any fears about your upcoming birth, postpartum, or parenting?

:

Are there any medical concerns you feel I should know about?

:

Do you have a history of depression or other emotional disorders?

:

Do you know if you will want postpartum doula services during the day, evening, overnight, or a combination?

:

☐ Daytime ☐ Overnight ☐ Combination ☐ 24 hours

Please explain anything else you would like me to know about your health condition.

:

Baby's Daily Log

Name _____

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